Collin County Grant Summary Form

Submit completed form along with one original

Auditor's Office				copy of the grant application and supporting documentation to the Budget & Finance Office (BFO) not less than 15 days prior to the scheduled Commissioner Court meeting. If you have any			
Contact Person:							
Janna Caponera							
Title:		Phone:		questions contact Mark Jackson a			
Accountant/Internal Audito	or	4638					
		Grant D	escription				
Grant Title:				Funding Source: Grant Type: ☐ State New Grant			
Bullet Proof Vest Partnership							
Grantor:				□ Cuciai □ Amondm			
Bureau of Justice Assistance (BJA)				Other: Payment Method: Award Type: One Time			
25.544 5. 646.66 7.666.4166 (2671)				Cook Dolimburgoment M One-Time			
				Ongoing Ongoing			
		1		_			
Application Deadline:	Court Agenda Date:	Award Da	te:	Project Sta	rt Date:	Project En	d Date:
	10/11/10	9/17/10		4/1/2010		9/30/2012	
Purpose:							
The Bulletproof Vest Part			-	-			-
officers. Officers must fit	within the list of criteria	provided in o	order to rece	eive a vest a	nd the partner	ship only reim	burses 50%
of the cost of the vest. T	he remaining 50% is a	required ma	tch by Collir	County. O	nly individuals	who have no	t received a
vest in the past 5 years qu	ualify for a vest or those	individuals v	vho have ha	d their vest	damaged in ar	n incident can	qualify. The
award that Collin County	received is \$96,672.75	5 with a 50%	6 match of	\$96,672.75	required from	Collin Count	y. All vests
purchased must comply w	rith the current National	Institute of J	ustice (NIJ) :	standards in	order to be re	imbursed.	
Grant Categories /							
	Federal	State		_ocal	County	In-Kind	
Funding Source	Federal Funds	State Funds		_ocal -unds	County Match	In-Kind	Total
Funding Source Personnel						In-Kind	<u>Total</u>
Funding Source Personnel Operating	Funds				Match	In-Kind	
Funding Source Personnel						In-Kind	193,345.5
Funding Source Personnel Operating Capital Equipment	Funds				Match	In-Kind	
Funding Source Personnel Operating Capital Equipment Indirect Costs	96,672.75				96,672.75	In-Kind	193,345.5
Funding Source Personnel Operating Capital Equipment	Funds				Match	In-Kind	193,345.5 0 193,345.5
Funding Source Personnel Operating Capital Equipment Indirect Costs	96,672.75				96,672.75	In-Kind	193,345.5
Funding Source Personnel Operating Capital Equipment Indirect Costs Total	96,672.75				96,672.75	In-Kind	193,345.5 0 193,345.5
Funding Source Personnel Operating Capital Equipment Indirect Costs Total FTEs	96,672.75 96,672.75			Fy	96,672.75 96,672.75	In-Kind	193,345.5 0 193,345.5
Funding Source Personnel Operating Capital Equipment Indirect Costs Total FTEs	96,672.75			Fy	96,672.75 96,672.75	In-Kind	193,345.5 0 193,345.5 0
Funding Source Personnel Operating Capital Equipment Indirect Costs Total FTEs Perforn	96,672.75 96,672.75		F	FY	96,672.75 96,672.75 7 2009 ss to Date		193,345.5 0 193,345.5 0
Funding Source Personnel Operating Capital Equipment Indirect Costs Total FTEs Perforn	96,672.75 96,672.75			Fy	96,672.75 96,672.75	In-Kind	193,345.5 0 193,345.5 0
Funding Source Personnel Operating Capital Equipment Indirect Costs Total FTEs Perforn	96,672.75 96,672.75		F	FY	96,672.75 96,672.75 7 2009 ss to Date		193,345.5 0 193,345.5 0
Funding Source Personnel Operating Capital Equipment Indirect Costs Total FTEs Perforn	96,672.75 96,672.75		F	FY	96,672.75 96,672.75 7 2009 ss to Date		193,345.5 0 193,345.5 0
Funding Source Personnel Operating Capital Equipment Indirect Costs Total FTEs Perforn	96,672.75 96,672.75		F	FY	96,672.75 96,672.75 7 2009 ss to Date		193,345.5 0 193,345.5 0

The Department named above is applying for the Grant Program named above, and if awarded, will accept full responsibility for the management of any funds awarded to the County under this grant, and will adhere to any polices and procedures set forth by the Grantor and its related agencies or agents, as well as those of the County, and its financial and administrative departments. To that end, please find enclosed the following items for initial review:

Department Name/Number:

 [□] Grant Summary Form

 ☑ An electronic copy of the original, completed, sign ☐ All attachments, back-up documentation or amend 	led Application Idments to be submitted to the Grantor in support of the application
— The attack monte, sack up accumentation of among	amonto to so dustritico to the Granter in Support of the application
Completed by:	
Department Head/Designee Printed Name	Department Head/Designee Signature & Date